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PROGRESS REPORT

TOBACCO PREVENTION AND CONTROL PROGRAM



Progress Report

Washington State Tobacco Prevention and Control Program

A decade of comprehensive tobacco prevention and control has resulted in key accomplishments toward reducing the burden of tobacco across the state. This report highlights achievements in the two years since the last report, including:

- ▶ Lower smoking rates for youth and adults.
- ▶ Continued reductions in exposure to secondhand smoke.
- ▶ Fewer tobacco-related deaths.
- ▶ Current and future health care dollars saved.

Tobacco use remains the number one preventable cause of death in our state. This report highlights the major challenges remaining.

Thousands of Lives Saved

New study shows every state dollar spent on tobacco prevention saved five dollars in hospitalization costs

A new study reports that the state's Tobacco Prevention and Control Program is responsible for fewer people in our state suffering and dying from tobacco-related heart attacks, strokes, respiratory diseases, and cancer. The state's comprehensive program is credited with:

- ▶ Helping prevent 13,000 early deaths.
- ▶ Preventing nearly 36,000 hospital stays, saving about \$1.5 billion in costs.
- ▶ Decreasing hospital stays from heart disease by 11 percent over ten years.

For every dollar spent by the state on tobacco prevention in the last ten years, the state saved \$5 in reduced hospitalization costs. To determine the 5-1 return on investment, researchers compared the cost of hospital stays prevented over ten years with the funds spent on state tobacco prevention work during the same time period.* Tobacco price increases and the state's tough indoor smoking law also played a role in improving health.

* The return on investment of 5-to-1 is the cost savings for hospital stays alone. These estimates don't include doctor, pharmacy, rehabilitation costs, or lost work time for people and families. Nor do they factor in many other health conditions not requiring hospital stays.

“Tobacco-related illness and death are devastating to families. This study shows more people are living longer, healthier lives, and I’m proud that our work has had a lot to do with that,” said Secretary of Health Mary Selecky. “Of course, we haven’t done it alone. Our partners in local health agencies, schools, tribes, and community organizations all played key roles over the past ten years.”

Tobacco Program Moves into its Second Decade

Washington's tobacco program has had great success in the past decade. In the face of shrinking financial resources, growing tobacco use disparities, and intensive marketing of tobacco products to youth, the program changed its structure and strategies. The changes involved taking a new approach focusing on policies, systems, and environment change. The priority is to encourage healthy decisions and create healthy places. Working strategically, leveraging and targeting resources, and forging new partnerships are the keys to success in the next decade.

Integrating Chronic Disease Prevention Efforts

Tobacco use, poor nutrition, and lack of physical activity are primary causes of many chronic diseases. These include cancer, asthma, and heart disease. To achieve the greatest success with reduced resources, several Department of Health programs formed the new Chronic Disease Prevention Unit. This has allowed a more comprehensive approach across program lines.

- ▶ **Tobacco Prevention and Control Program.** Prevent youth from starting tobacco, help adults quit, end exposure to secondhand smoke, and get rid of tobacco-related health disparities.
- ▶ **Coordinated School Health Program.** Fosters a partnership between education and health, leading to healthier students and staff.
- ▶ **Nutrition, Physical Activity, and Obesity Program.** Addresses risk factors to improve nutrition for everyone, increase physical activity, and prevent or reverse obesity. This applies to people of all ages and abilities.
- ▶ **Healthy Communities Program.** Trains local communities how to reduce tobacco use, improve nutrition, and increase physical activity. This comes from changes in local policies, environment, and systems. The state provides funding, training, and technical support to local health agencies in counties with the highest rates of chronic disease and lack of access to care.

Visit our Websites

- ▶ Adult tobacco cessation: www.quitline.com
- ▶ Youth tobacco prevention: www.NoStankYou.com
- ▶ Secondhand smoke: www.SmokeFreeWashington.com
- ▶ Tobacco website: www.doh.wa.gov/Tobacco/default.htm

Quitline

The Washington State Tobacco Quitline (1-800-QUIT-NOW, 1-877-2NO-FUME) provides free help to people who are ready to quit. This includes smokeless tobacco products like chew and dip. Quit coaches help callers identify triggers for tobacco use, cope with withdrawal symptoms, and develop a personal plan to quit. More than 160,000 people in our state have called the Quitline for help since it opened in November 2000.

For More Information

Washington State Department of Health
Division of Community and Family Health
Office of Community Wellness and Prevention
Tobacco Prevention and Control Program
P.O. Box 47848, Olympia, WA 98504-7848
360-236-3730 www.doh.wa.gov/tobacco



For persons with disabilities, this document is available by request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Impact of Funding Loss

State funding for the Tobacco Prevention and Control Program decreased by more than 60 percent since 2008. We may see more decreases in the next two years. Loss of additional funds will result in core services being cut.

- ▶ Twenty-one grants to tribes to support local tobacco prevention projects *will be lost*.
- ▶ Five grants to community-based agencies serving ethnic/racial, sexual minority, and low-income groups *will be lost*.
- ▶ Most of the 35 grants to counties for local tobacco prevention programs *will be lost*.
- ▶ Grants to the nine educational service districts to support tobacco prevention curriculum in schools and efforts to create tobacco-free school campuses *will be lost*.
- ▶ Paid ads for teens to counter tobacco company marketing, and ads to help adults to quit tobacco *will be lost*.
- ▶ Grants to involve and train youth leaders on tobacco prevention issues *will be lost*.

Maintaining Our Momentum

With remaining funding, the Department of Health will focus largely on policy, systems, and environmental changes that help people quit or protect them from exposure to tobacco.

Promote smoke-free housing

- ▶ In the last few years, thousands of units across the state (spanning low-income, public, and market-rate housing) enacted no-smoking policies. There is an increasing demand for smoke-free multi-unit housing.
- ▶ Supporting public housing associations and private property managers to adopt these new policies is a great way to protect people from secondhand smoke and to help others quit tobacco.

Support healthcare improvement

- ▶ Healthcare providers play an important role in helping their patients quit using tobacco.
- ▶ The program encourages healthcare systems serving low-income families in targeted areas of the state to routinely ask about tobacco use and refer them to treatment.

Provide free Tobacco Quitline services

- ▶ When policy changes make tobacco more expensive or limit the number of places to smoke, more tobacco users need help to quit.
- ▶ Having free Quitline services available is integral to the efforts to drive down smoking rates.

Promoting healthy communities

- ▶ The program will strengthen the ability of local health agencies to lead policy systems and environment change initiatives that reduce risk factors, such as tobacco use, for chronic disease.
- ▶ Twelve local health departments will continue to receive Healthy Communities grants.

Preventing Youth from Using Tobacco

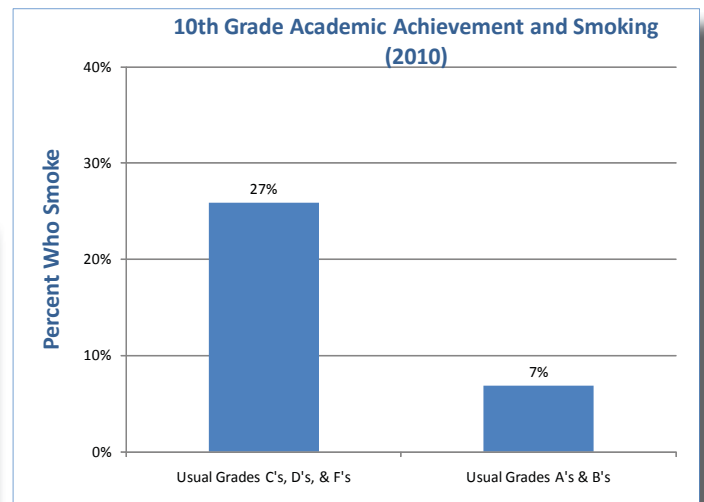
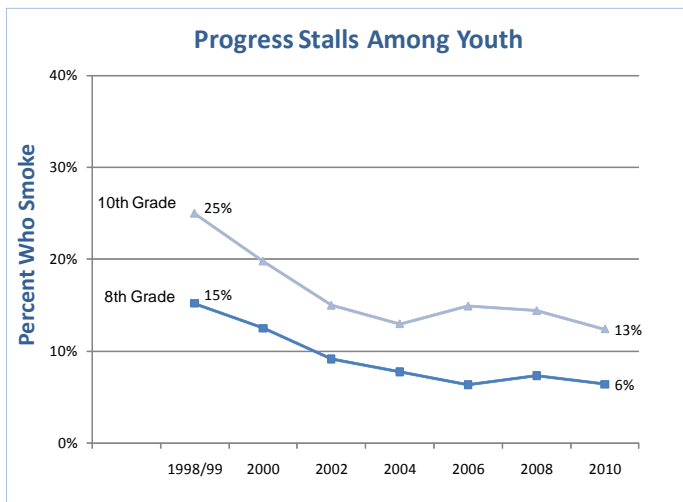
"I am passionate about tobacco prevention because I see that these efforts really do make a difference in young people's lives and a tremendous difference in our community. In the future, I'd like to see youth smoking rates significantly decrease." – DJ Hammer, TATU member, Junior at Adna High School, WA

Challenges Ahead

- ▶ About 70,000 Washington youth still smoke – 50 start smoking every day
- ▶ Other tobacco products made to taste like candy, fruit, or alcohol (including hookah and cigars) are popular with youth. The rate for these types of products among 10th graders is 11 percent, similar to cigarette smoking
- ▶ 8th and 10th grade cigarette use rates have flattened out in spite of increased costs of tobacco
- ▶ Youth who have trouble in school are more likely to use tobacco but, as of July 2011, there will be no funding for school-based tobacco prevention
- ▶ No funding available for youth tobacco prevention media campaigns to offset the well-financed marketing efforts of the tobacco industry
- ▶ Finding ways to engage youth through social media to promote the dangers of tobacco use

Successes to Date

- ▶ Since the program began, youth smoking rates have dropped:
 - ▲ 64 percent for 6th graders
 - ▲ 58 percent for 8th graders
 - ▲ 49 percent for 10th graders
 - ▲ 44 percent for 12th graders
- ▶ Overall smoking rates have been cut in half
- ▶ There are about 70,000 fewer youth smoking in Washington
- ▶ These declines mean nearly 14,000 youth will not have an early tobacco-related death



Data sources: Baseline year for youth data is 1998/99. Data on youth are from 1998 Washington State Survey of Adolescent Health Behaviors (6th and 8th grade youth); the 1999 Washington State Youth Risk Behavior Survey (10th and 12th grade youth); the 2000 Washington State Survey of Adolescent Health Behaviors; and the 2002, 2004, 2006, 2008, 2010 Healthy Youth Survey.

A Decade of Progress

1999	2000	2001	2002	2003
State adult smoking rate at about 22 percent. Youth rate at all-time high of 25 percent. Gov. Locke convenes Tobacco Prevention and Control Council to plan program.	Department of Health launches Tobacco Prevention and Control Program using funds from the national tobacco settlement. State's Tobacco Quit Line takes its first call.	Ballot initiative raises state cigarette tax from \$0.825 to \$1.425 per pack, effective Jan. 1, 2002.	Program launches first media campaign to help adults quit and prevent youth from starting.	State' warns Adult first ti

Reducing Tobacco Use Among Adults

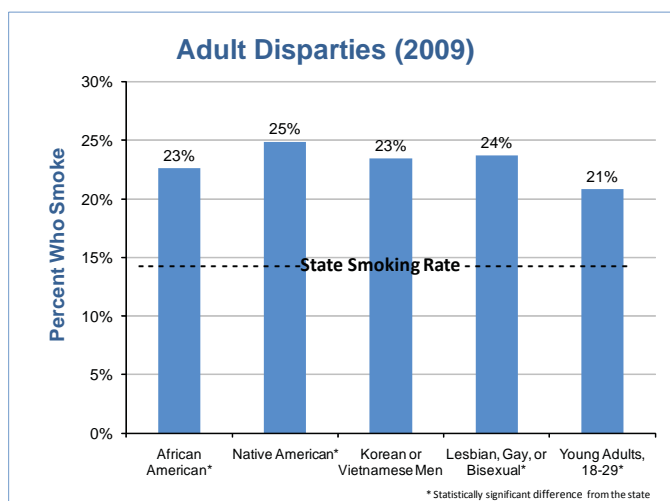
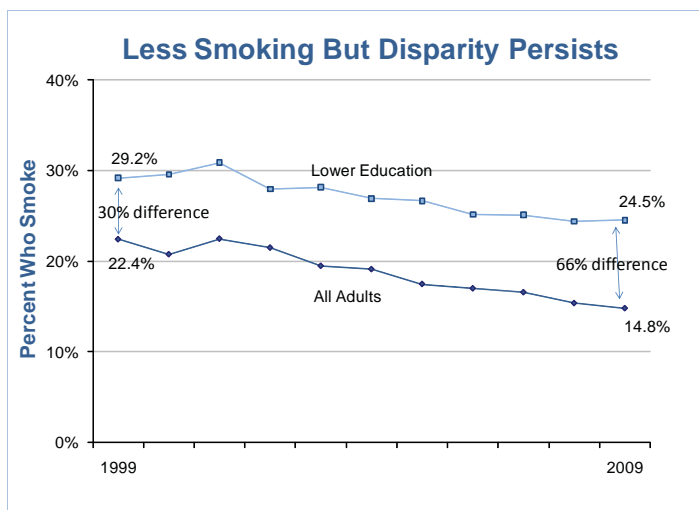
"After 20 years of smoking, I finally decided to quit because of the cost, and for my children and health. I would always think to myself that I would be a smoker until I died because I never thought I could quit smoking. If I can quit, anyone can." – Brent Seeberger, Spokane, WA

Challenges Ahead

- ▶ 750,000 adults still smoke in Washington
- ▶ Adults with low income and less education continue to smoke at higher rates
- ▶ Smoking rates remain high among African Americans, Native Americans, young adults, lesbians, gays, and bisexuals
- ▶ Smokeless tobacco use has more than doubled among people who smoke.
- ▶ The tobacco industry continues to introduce new smokeless and flavored tobacco products
- ▶ To continue the services of the Tobacco Quitline (1-800-QUIT-NOW) and provide a viable adult cessation website (www.quitline.com)
- ▶ Improving data gathering to better identify and understand the locations and groups with higher rates of tobacco use
- ▶ Training healthcare providers how to intervene with tobacco users, giving them the tools they need to help their patients and customers
- ▶ No funding available for cessation media campaigns to promote the Quitline, and to offset the well-financed efforts of the tobacco industry

Successes to Date

- ▶ Washington has the third lowest adult smoking rate in nation. Prior to start of program, it ranked 20th among states in adult smoking rate
- ▶ Today there are about a third fewer adult smokers – more than 320,000 people lead healthier lives
- ▶ About 105,000 adults spared an early tobacco-related death
- ▶ More than 160,000 state residents have called the Tobacco Quitline
- ▶ Every dollar spent on the program saved \$5 in hospital-related costs



Data sources: Baseline year for adult data is 1999. Data on adults are from the Behavioral Risk Factor Surveillance System. Adults with lower education were defined as having a high school degree or less and age 25 and older. The smoking rate for Korean and Vietnamese men was calculated using data combined from 2003 to 2009.

First secondhand smoke media campaign public about dangers.

2004
10th grade tobacco rate drops to new low of 13 percent.

2005
Initiative 901 passes, creating the most comprehensive indoor smoking-free law in the nation.
On July 1, State cigarette excise tax goes up again, to \$2.025 per pack

2006
No Stank You youth tobacco prevention campaign begins three year run.

2007
Tobacco use drops to 100,000

Reducing Exposure to Secondhand Smoke

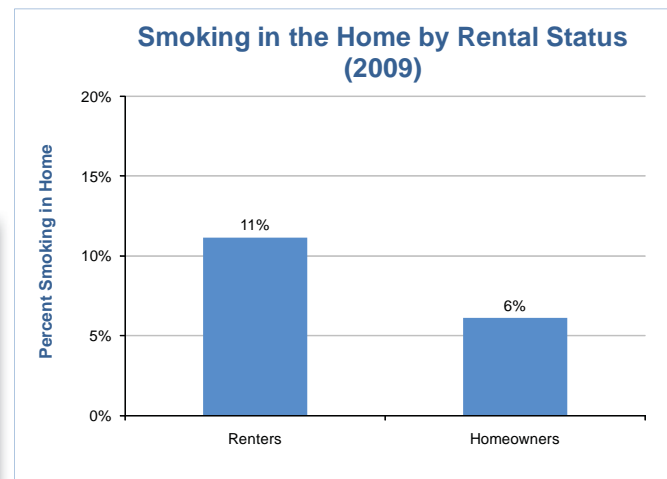
"Since going smoke-free, when you walk into our senior housing building it smells nice and fresh. The residents enjoy not having to smell secondhand smoke. It's easier to turn around apartments, and in general it improves the overall health of people." – Dini, Federal Way, WA

Challenges Ahead

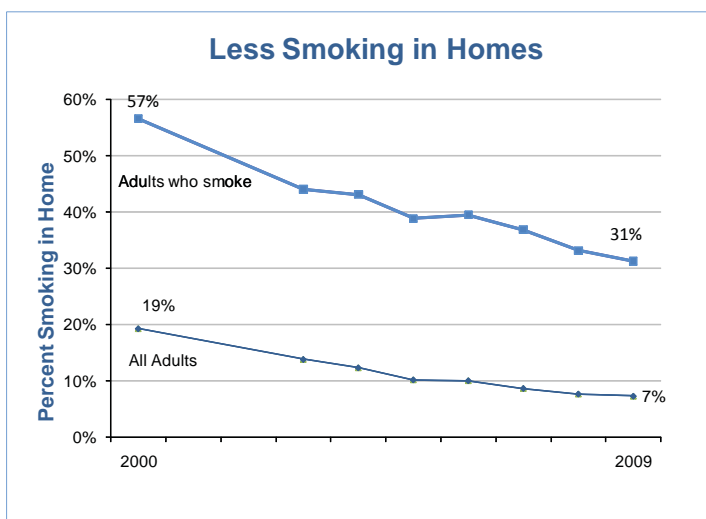
- ▶ Smoking inside the home among all renters is double the rate among homeowners, and exposure to secondhand smoke in the home is twice as high among lower income adults
- ▶ About one-third of adult smokers with children report that smoking occurs in the home. Thirty-five percent of 10th graders report exposure to secondhand smoke
- ▶ Supporting public housing authorities and property managers to make their housing smoke-free
- ▶ Maintaining the secondhand smoke website: www.SmokeFreeWashington.com
- ▶ No funding available for media campaigns to promote awareness of the harmful effects of secondhand smoke, and to offset the well-financed marketing efforts of the tobacco industry
- ▶ No amount of exposure is safe. Scientists have found that eliminating public exposure to secondhand smoke can prevent heart attacks, saving lives and money

Successes to Date

- ▶ Smoking inside homes is down by more than 60 percent since 2000
- ▶ Since December 2005, Washington law (RCW 70.60) prohibits smoking in all indoor public places, protecting customers, employees, and others from secondhand smoke. The law has proven good for business in bars and restaurants
- ▶ Eighty-six percent of renters in our state prefer smoke-free housing
- ▶ Seventeen public housing authorities have no-smoking policies in some or all of their buildings
- ▶ There is an increase in smoke-free policies at public parks, and 32 hospitals and college campuses



Data sources: Baseline year for secondhand smoke data is 2000. Data on secondhand smoke are from the Behavioral Risk Factor Surveillance System. Data reported by youth are from the Healthy Youth Survey. Data on smoke-free rental preferences are from the 2007 Healthy Community Environments Survey.



<p>2008</p> <p>co Quit Line receives 10th call.</p> <p>Adult smoking rate falls to 15.3 percent—195,000 fewer smokers in Washington State.</p> <p>Legislature passes Medicaid cessation benefit.</p>	<p>2009</p> <p>Adult smoking rate drops to 14.8 percent—third lowest in nation.</p> <p>Federal law enacted to regulate the manufacturing, marketing, and sale of tobacco products, especially to children.</p>	<p>2010</p> <p>State increases cigarette tax to \$3.025 per pack—now third highest tax in nation.</p> <p>Study of hospital data shows \$5 to \$1 return on investment for the</p> <p>Teens Against Tobacco Use makes its 16,000th presentation to sch</p>
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Burden of Tobacco

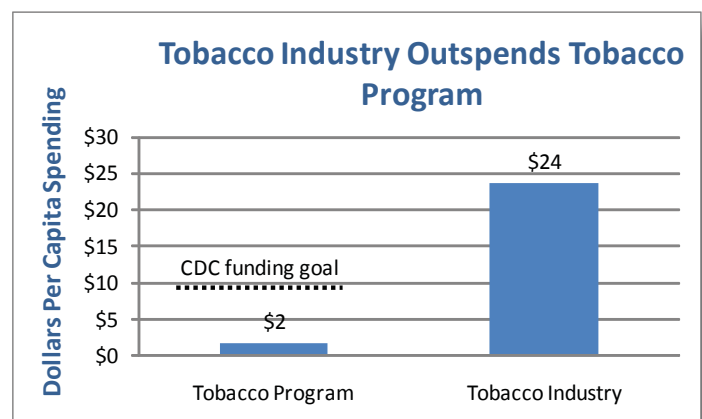
Despite many gains in reducing tobacco use and exposure, tobacco is still the leading cause of preventable disease and death in our state and is a major driver for rising healthcare costs. Tobacco use continues to cost the people of Washington in both lives and dollars.

- ▶ About 750,000 adults statewide still smoke.
 - ▲ Some racial and ethnic groups and individuals with less education and income use tobacco at much higher rates than the overall population.
 - ▲ 50 Washington kids still start smoking every day, and youth are now using a variety of tobacco products, not just cigarettes.
- ▶ More than 7,900 people died prematurely last year as a result of tobacco use or exposure.
 - ▲ Among all tobacco-related deaths, 33 percent are from lung cancer, 25 percent are from heart disease and stroke, and 27 percent are from chronic lung disease.
 - ▲ Smoking continues to be the leading identified cause of fire deaths, according to the Office of the State Fire Marshal.
- ▶ Diseases caused by active smoking and secondhand smoke exposure are expensive.
 - ▲ Private and public costs for tobacco-related health-care services equaled more than \$1.9 billion in 2009.
 - ▲ Tobacco-related lost worker time cost an estimated \$1.8 billion in 2009.
 - ▲ Secondhand smoke exposure in the home is still higher among people with lower income and education.

Tobacco Industry Marketing

It is estimated that the tobacco industry spends \$146 million to market its products each year in our state, and \$12.8 billion nationwide. That works out to \$400,000 per day in Washington and \$35 million per day across the country.

- ▶ Kids are three times as sensitive to tobacco ads as adults.
 - ▲ Cigarette marketing affects their decision to smoke even more than peer pressure does.
 - ▲ A third of underage experimenting with smoking is due to tobacco company ads and promotions.
- ▶ Tobacco companies continue to produce and market smokeless tobacco products to attract new users and to keep smokers addicted.
 - ▲ Smokeless tobacco, cigars, and hookah tobacco are exempt from bans on flavorings and often have candy and fruit flavors.
 - ▲ These include products that dissolve like breath mints.



All per capita spending data are based on most current spending data available applied to the 2010 Washington population. Data on per capita tobacco industry spending are based on state estimated, inflation adjusted spending calculated from the U.S. Federal Trade Commission's Cigarette Report for 2009. Data on smoking related health care costs were calculated using software called "Smoking-Attributable Mortality, Morbidity, and Economic Costs" provided by the Centers for Disease Control and Prevention.

Certification

An independent committee of national and regional research scientists reviewed the data and methods, and certified the validity of the findings in this report.

Dr. David Cowling, Chief
Evaluation and Knowledge Management Section
California Tobacco Control Section
California Department of Health Services

Dr. Jeffrey Fellows, Investigator
Kaiser Permanente Center for Health Research

Dr. David Fleming, Director
Public Health-Seattle & King County

Dr. Jeff Harris
Professor of Health Services and Director of Health Promotion
University of Washington

Dr. David Hopkins, Coordinating Scientist
Guide to Community Preventive Services
Division of Health Communication & Marketing, National Center for
Health Marketing
Centers for Disease Control and Prevention

Dr. Alison Shigaki
Family Physician and Member of Asian Pacific Islander Coalition
Against Tobacco

Dr. Mike Stark
Stark and Associates